

CRITERIA FOR PRIOR AUTHORIZATION

Aimovig™ (erenumab-aooe) - Step Therapy

PROVIDER GROUP: Pharmacy**MANUAL GUIDELINES:** All dosage forms of the following medications will require prior authorization.
Erenumab-aooe (Aimovig™)**CRITERIA FOR INITIAL APPROVAL:** (must meet all of the following)

- Patient has a diagnosis of Chronic or episodic migraine
- Patient must have experienced an inadequate response to a trial of two or more preventive therapies after titration to maximum tolerated doses (trial of at least 60 days), OR have a documented intolerance or contraindication to two or more preventive therapies. Preventive therapies include but are not limited to beta- blockers, calcium channel blockers, anticonvulsants, and antidepressants
 - Prescriber must provide documentation of all previous medication trials. Documentation must include the medication name(s), trial date(s) and outcome(s) of the trial (i.e. inadequate response, intolerance or contraindication).
- Prescriber must attest that all medication-specific safety criteria, as defined in table 1, is met.

CRITERIA FOR RENEWAL:

- Prescriber must attest that the patient has received clinical benefit from continuous treatment with the requested medication.
- Prescriber must attest that all medication-specific safety criteria, as defined in table 1, continues to be met.

LENGTH OF APPROVAL: 12 months**TABLE 1. MEDICATION-SPECIFIC CRITERIA**

MEDICATION-SPECIFIC CRITERIA
<ul style="list-style-type: none">• Patient must be ≥ 18 years of age• Dose must not exceed 140 mg (2 mL/2 syringes) per month

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

DATE